



# **SUPPLEMENTAL APPLICATION FOR REGISTERED NURSE, CORRECTIONAL FACILITY**

*4241 Williamsborough Drive, Suite 115  
Sacramento, California 95823  
(916) 262-133*

**Return Supplemental Application to:**

Cecilia Perrin  
Department of the Youth Authority  
4241 Williamsborough Drive, Suite 115  
Sacramento, California 95823

**SUPPLEMENTAL APPLICATION FOR  
REGISTERED NURSE, CORRECTIONAL FACILITY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

**California Registered Nurse License Number.** \_\_\_\_\_

**READ INSTRUCTIONS CAREFULLY**

This supplemental application will provide you with an opportunity to explain significant aspects of your qualifications for Registered Nurse, Correctional Facility with the Department of the Youth Authority. This document will constitute the entire examination for this class. The information you provide will determine your rank and score on the eligible list. This list will be used to fill vacancies for Registered Nurse positions with the Department of the Youth Authority. Enclosed is a "Conditions of Employment" form that lists all the facilities in the Youth Authority.

If you meet the stated minimum qualifications for this examination you will attain list eligibility. The closer that your qualifications match that of successful Registered Nurses, Correctional Facility with the Youth Authority, the higher your rank on the list will be. This supplemental application will not be used to screen-out qualified applicants. Be advised that the information on the application will be verified prior to employment.

**Do not attach a resume or other materials, as additional materials will not be evaluated.** The application should be typed or written legibly. By completing all parts of the application thoroughly, you will be assured a fair rating of your qualifications.

The supplemental application is a mandatory part of the examination process. Failure to return the completed application by \_\_\_\_\_ will eliminate you from this examination. When completed, be sure to keep a photocopy of this application for your records.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

***By signing this application, you certify that all statements which you have made are true and accurate.***

## PART 1 – EDUCATION and PROFESSIONAL CERTIFICATIONS

### Nursing Education

Describe your nursing education. Provide all of the information requested.

Name of the College, University, or Professional School \_\_\_\_\_

Address: \_\_\_\_\_

Dates of attendance

From: \_\_\_\_\_ / \_\_\_\_\_ Month/Year to \_\_\_\_\_ / \_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Description of the training program \_\_\_\_\_

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Name of the College, University, or Professional School \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance

From: \_\_\_\_\_ / \_\_\_\_\_ Month/Year to \_\_\_\_\_ / \_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter Units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Description of the training program \_\_\_\_\_

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Name of the College, University, or Professional School \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance

From: \_\_\_\_\_ / \_\_\_\_\_ Month/Year to \_\_\_\_\_ / \_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter Units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Description of the training program \_\_\_\_\_

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## Non-Nursing Education

For each college or university attended, which was not described above as *Nursing Education* provide the following information:

Name of the College, University, or Professional School \_\_\_\_\_

Address: \_\_\_\_\_

Dates of attendance

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month/Year to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Program of Study \_\_\_\_\_

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Name of the College, University, or Professional School \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month/Year to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter Units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Program of Study \_\_\_\_\_

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Name of the College, University, or Professional School \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month/Year to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter Units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Program of Study \_\_\_\_\_

## Professional Certifications

Do you currently hold any Professional Nursing Certifications, such as a Certificate in one or more of the following: IV Therapy, Pediatric Nursing, Advanced Cardiac Life Support, Medical-Surgical Nursing, ICU, OR, OB/GYN, Respiratory Therapy, Public Health, etc.?

- ☐ No  
☐ Yes. If yes, provide a description of each certification below.

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

## PART 2 – REGISTERED NURSE EXPERIENCE

Describe all of your experience as a Registered Nurse. Limit your descriptions to positions held after RN licensure. Begin with your most recent experience and work backwards. Include all information requested.

Most Recent Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities, and work setting \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

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**PART 2 – REGISTERED NURSE EXPERIENCE – (continued)**

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_\_

Describe your primary duties, responsibilities, and work setting \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

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### PART 3A – RELATED EXPERIENCE

Describe any relevant work experience in the area of “health and human services” which was not described under the nursing experience section of this supplemental application, e.g. LVN, Medical Assistant, Psychiatric Technician, etc. Limit this to experience gained in the last ten years. Include work experience and volunteer experience in health care setting, human services, educational settings, correctional facilities, and other related work. Begin with your most recent experience and work backwards. Include all information requested.

Employer/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment/experience

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This experience was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employer/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment/experience

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This experience was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employer/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment/experience

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This experience was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PART 3B – RELATED SKILLS

Describe any special skills you have which may enhance your ability to work as a Registered Nurse with the Youth Authority. Include descriptions of special language skills (fluency with sign language, fluency with a second language, etc.), computer skills, (word processing, spreadsheets, etc.).

### Skills

Special Skill \_\_\_\_\_

Where or how was this skill obtained \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_

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Special Skill \_\_\_\_\_

Where or how was this skill obtained \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_

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Special Skill \_\_\_\_\_

Where or how was this skill obtained \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_

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Special Skill \_\_\_\_\_

Where or how was this skill obtained \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_

STATE OF CALIFORNIA  
DEPARTMENT OF THE YOUTH AUTHORITY  
CONDITIONS OF EMPLOYMENT  
631

NAME: \_\_\_\_\_  
First MI Last

**REGISTERED NURSE, CORRECTIONAL FACILITY**

IDENTIFICATION NUMBER \_\_\_\_\_

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK**

PLEASE CHECK YOUR CHOICES

YOU WILL **NOT** BE OFFERED A JOB IN LOCATIONS NOT CHECKED:

☐

(5) **ANYWHERE IN THE STATE** – If checked, no further selection is necessary.

**NORTHERN CALIFORNIA**

☐

**(4402) SANTA CRUZ COUNTY**  
(Ben Lomond Youth Conservation Camp)

☐

**(2905) NEVADA COUNTY**  
(Washington Ridge Youth  
Conservation Camp)

☐

**(3900) SAN JOAQUIN COUNTY**  
(DeWitt Nelson Youth Correctional Facility)  
(Karl Holton Youth Correctional Facility)  
(N.A. Chaderjian Youth Correctional Facility)  
(O.H. Close Youth Correctional Facility)  
(Northern California Youth Correctional Center)

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**(0307) AMADOR COUNTY**  
(Preston Youth Correctional Facility)

☐

**(0305) Pine Grove Youth Conservation Camp**

☐

**(3400) SACRAMENTO COUNTY**  
(Northern Youth Correctional Reception Center and Clinic)

☐

**(2203) MARIPOSA COUNTY**  
(Mt. Bullion Youth Conservation Camp)

**SOUTHERN CALIFORNIA**

☐

**(4003) SAN LUIS OBISPO COUNTY**  
(El Paso de Robles Youth Correctional Facility)

☐

**(1900) LOS ANGELES COUNTY**  
(Fred C. Nelles Youth Correctional Facility)  
(Southern Youth Correctional Reception Center-Clinic)

☐

**(3628) SAN BERNARDINO COUNTY**  
(Heman G. Stark Youth Correctional Facility)

☐

**(5610) VENTURA COUNTY**  
(Ventura Youth Correctional Facility)

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

PLEASE CHECK YOUR CHOICES

YOU WILL **NOT** BE OFFERED A JOB FOR A TYPE OF APPOINTMENT NOT CHECKED.

☐

Permanent, Full-Time

☐

Limited Term, Full-Time

☐

Permanent, Intermittent\*

☐

Limited Term, Intermittent\*

\*Persons who are hired on an intermittent basis will be scheduled for work on an as-needed basis and may have the opportunity to work up to 1,500 hours. Acceptance of an intermittent appointment will maintain full-time eligibility for the period of time this list is in existence.

NOTE: If you change your address or availability for appointment, notify the Youth Authority Certification Unit at 4241 Williamsborough Drive, Suite 115, Sacramento, CA 95823